

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: VI
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/11/2005	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER DUNS/SSN: 43577068
5. APPLICANT INFORMATION			
Legal Name: Virgin Islands Department of Health		Organizational Unit: MCH & CSHCN Program	
Address (give city, county, state and zip code) 9048 Sugar Estate St. Thomas, VI 00802 County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Darlene A. Carty, MA Ed, RTT Tel Number: (340)776-8311 x 5080	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">67-067000</div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">93994</div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Title V Block Grant MCH & CSHCN Program	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): US Virgin Islands			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant	b. Project US Virgin Islands
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>1,599,698.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>1,147,660.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>108,000.00</u>		
g. TOTAL	\$ <u>2,855,358.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Darlene A. Carty, MA Ed, RTT		b. Title Commissioner of Health	c. Telephone Number (340)776-8311 x 5080
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: VI

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,599,698

A.Preventive and primary care for children:

\$ 479,909 (30%)

B.Children with special health care needs:

\$ 479,909 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 159,969 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,147,660

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 108,000

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 1,169,459

\$ 1,255,660

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 2,855,358

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 100,000

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 200,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 3,055,358

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 1,621,413	\$ 1,621,413	\$ 1,641,229	\$ 0	\$ 1,599,698	\$ 0
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 1,216,060	\$ 1,216,060	\$ 1,245,435	\$ 0	\$ 1,147,660	\$ 0
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 120,288	\$ 120,288	\$ 118,361	\$ 0	\$ 108,000	\$ 0
7. Subtotal (Line8, Form 2)	\$ 2,957,761	\$ 2,957,761	\$ 3,005,025	\$ 0	\$ 2,855,358	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 697,587	\$ 697,587	\$ 311,748	\$ 0	\$ 200,000	\$ 0
9. Total (Line11, Form 2)	\$ 3,655,348	\$ 3,655,348	\$ 3,316,773	\$ 0	\$ 3,055,358	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 1,573,102	\$ 1,590,703	\$ 1,589,475	\$ 1,589,475	\$ 1,626,336	\$ 1,626,336
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 1,339,999	\$ 944,932	\$ 1,254,406	\$ 1,254,406	\$ 1,254,406	\$ 1,254,406
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 126,813	\$ 126,813
7. Subtotal (Line8, Form 2)	\$ 2,913,101	\$ 2,535,635	\$ 2,843,881	\$ 2,843,881	\$ 3,007,555	\$ 3,007,555
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 228,922	\$ 228,922	\$ 212,050	\$ 212,050	\$ 598,050	\$ 598,050
9. Total (Line11, Form 2)	\$ 3,142,023	\$ 2,764,557	\$ 3,055,931	\$ 3,055,931	\$ 3,605,605	\$ 3,605,605
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3
None
FIELD LEVEL NOTES
None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2004		FY 2005		FY 2006	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 443,664	\$ 443,664	\$ 450,753	\$ 0	\$ 479,909	\$ 0
b. Infants < 1 year old	\$ 443,664	\$ 443,664	\$ 450,754	\$ 0	\$ 479,909	\$ 0
c. Children 1 to 22 years old	\$ 887,328	\$ 887,328	\$ 901,508	\$ 0	\$ 805,002	\$ 0
d. Children with Special Healthcare Needs	\$ 887,329	\$ 887,329	\$ 901,508	\$ 0	\$ 805,002	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 295,776	\$ 295,776	\$ 300,502	\$ 0	\$ 285,536	\$ 0
g. SUBTOTAL	\$ 2,957,761	\$ 2,957,761	\$ 3,005,025	\$ 0	\$ 2,855,358	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 136,509		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 100,000		\$ 100,000		\$ 100,000	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 249,330		\$ 0		\$ 0	
i. CDC	\$ 111,748		\$ 111,748		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 697,587		\$ 311,748		\$ 200,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 436,965	\$ 380,345	\$ 426,582	\$ 426,582	\$ 451,133	\$ 451,133
b. Infants < 1 year old	\$ 436,965	\$ 380,345	\$ 426,582	\$ 426,582	\$ 451,133	\$ 451,133
c. Children 1 to 22 years old	\$ 873,930	\$ 760,691	\$ 853,164	\$ 853,164	\$ 902,267	\$ 902,267
d. Children with Special Healthcare Needs	\$ 873,930	\$ 760,691	\$ 853,165	\$ 853,165	\$ 902,266	\$ 902,266
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 291,311	\$ 253,563	\$ 284,388	\$ 284,388	\$ 300,756	\$ 300,756
g. SUBTOTAL	\$ 2,913,101	\$ 2,535,635	\$ 2,843,881	\$ 2,843,881	\$ 3,007,555	\$ 3,007,555
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 128,922		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 136,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 250,000	
i. CDC	\$ 0		\$ 112,050		\$ 112,050	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Sickle Cell	\$ 100,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 228,922		\$ 212,050		\$ 598,050	

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VI

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,817,761	\$ 2,817,761	\$ 2,765,025	\$ 0	\$ 2,630,358	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 15,000	\$ 15,000	\$ 25,000	\$ 0	\$ 25,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 75,000	\$ 75,000	\$ 125,000	\$ 0	\$ 100,000	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 50,000	\$ 50,000	\$ 90,000	\$ 0	\$ 100,000	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,957,761	\$ 2,957,761	\$ 3,005,025	\$ 0	\$ 2,855,358	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VI

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,753,101	\$ 2,375,635	\$ 2,703,881	\$ 2,703,881	\$ 2,867,555	\$ 2,867,555
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 90,000	\$ 90,000	\$ 70,000	\$ 70,000	\$ 70,000	\$ 70,000
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,913,101	\$ 2,535,635	\$ 2,843,881	\$ 2,843,881	\$ 3,007,555	\$ 3,007,555

FORM NOTES FOR FORM 5
None
FIELD LEVEL NOTES
None

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: VI

Total Births by Occurrence: 1,672

Reporting Year: 2004

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	1,619	96.8	0	0	0	
Congenital Hypothyroidism	1,619	96.8	4	2	2	100
Galactosemia	1,619	96.8	0	0	0	
Sickle Cell Disease	1,619	96.8	4	3	3	100

Other Screening (Specify)

Homocystinuria	1,619	96.8	0	0	0	
Maple Syrup Urine Disease (MSUD)	1,619	96.8	0	0	0	
G6PD	1,619	96.8	4	2	2	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: Phenylketonuria_Confirmed

Row Name: Phenylketonuria

Column Name: Confirmed Cases

Year: 2006

Field Note:

There were no presumptive or confirmed cases of PKU for this reporting year.

2.

Section Number: Main

Field Name: Galactosemia_Confirmed

Row Name: Galactosemia

Column Name: Confirmed Cases

Year: 2006

Field Note:

There are no reported presumptive positives or confirmed cases for this reporting period.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: VI

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	580	55.0	0.0	15.0	30.0	0.0
Infants < 1 year old	1,619	50.0	0.0	20.0	30.0	0.0
Children 1 to 22 years old	2,389	60.0	0.0	10.0	30.0	0.0
Children with Special Healthcare Needs	1,284	60.0	0.0	10.0	30.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	5,872					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2006
Field Note:
Number represents total patients served by MCH and Community Health Prenatal Clinics.
2. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2006
Field Note:
DOH data system Health-Pro unable to provide accurate information.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: VI

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,668	315	1,225	0	83	0	0	45
Title V Served	580	8	295	0	0	0	0	277
Eligible for Title XIX	354	1	353	0	0	0	0	0
INFANTS								
Total Infants in State	1,672	313	1,233	0	82	0	0	44
Title V Served	1,668	315	1,225	0	83	0	0	45
Eligible for Title XIX	916	8	908	0	0	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,293	309	66	6	3	231	1	68
Title V Served	372	208	0	0	0	0	0	208
Eligible for Title XIX	372	208	0	0	0	0	0	208
INFANTS								
Total Infants in State	1,294	311	67	6	3	233	1	68
Title V Served	1,294	311	67	6	3	233	1	68
Eligible for Title XIX	372	208	0	0	0	0	0	208

FORM NOTES FOR FORM 8

Data by ethnicity for Title V XIX eligible served is not available from the VIDOH Health Pro system or the Medical Assistance Office. Numbers given are estimates based on data reported by clinics.

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All

Row Name: Total Deliveries in State

Column Name: Total All Races

Year: 2006

Field Note:

Data required to complete this form is not available from the Office of Vital Records and Statistics.

Number of deliveries estimated from live birth admissions to the newborn nursery.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VI

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	(340)773-4951	(340)773-4951	(340)713-9924	(340) 713-9924	(340) 713-9924
2. State MCH Toll-Free "Hotline" Name	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH Information Desk	MCH Information Desk
3. Name of Contact Person for State MCH "Hotline"	Juliette Canegata	Juliette Canegata	Delta Edney	Delta Edney	Delta Edney
4. Contact Person's Telephone Number	(340) 773-4951	(340) 773-4951	(340) 713-9924	(340) 713-9924	(340) 713-9924
5. Number of calls received on the State MCH "Hotline" this reporting period	0		0	100	125

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VI

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: VI

1. State MCH Administration:
(max 2500 characters)

The MCH & CSHCN Program is operated as a single organizational unit and serves as both local and state agency within the Department of Health. This single State agency is authorized to administer Title V funds and is responsible for both Maternal and Child Health and Special Needs Children Services. The Administrative Unit is composed of: the Director of MCH & CSHCN, the Program Administrator St. Croix who oversees clinic management, Office Manager and Fiscal Officer who oversee financial and administrative management functions. Programs include: preventive and primary child health care, newborn screening, and subspecialty services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,599,698
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,147,660
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 108,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 2,855,358

9. Most significant providers receiving MCH funds:

Sub specialty physicians
Howard University Laboratory-newborn screening
Pediatric dentist
Diagnostic laboratory, radiology

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	580
b. Infants < 1 year old	1,619
c. Children 1 to 22 years old	2,389
d. CSHCN	1,284
e. Others	0

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Continue to provide access to preventive and primary health services for infants, young children and adolescents. This includes: newborn genetic/metabolic screening and counseling for children identified with any genetic/metabolic disorder; periodic health assessment for children and adolescents; children with special health care needs receive newborn risk assessment; home care visits by public health nurses. Enabling services: social workers provide care coordination, management of off-island referrals and clinician; and clinician patient intervention. Family support services provided by the Infants & Toddlers Program in areas of developmental screening and assessment, diagnostic evaluations and IFSP's.

b. Population-Based Services:
(max 2500 characters)

The MCH & CSHCN Program offers three population-based preventive services: immunization services; the newborn genetic/metabolic screening program; and the newborn hearing screening program.

c. Infrastructure Building Services:
(max 2500 characters)

The program continued activities directed at assuring the availability of the infrastructure necessary to deliver services to the maternal/child population and to increase access to quality health care for families who lack sufficient financial resources to meet the costs of medical care.

12. The primary Title V Program contact person:

Name	Darlene A. Carty, MA Ed, RTT
Title	Commissioner of Health
Address	9048 Sugar Estate
City	St. Thomas
State	VI
Zip	00802
Phone	(340) 776-8311 ext. 5080
Fax	(340) 777-4001

13. The children with special health care needs (CSHCN) contact person:

Name	C. Patricia Penn
Title	Director, MCH & CSHCN Program
Address	#2C Contant, AQ Building, 2nd Floor
City	St. Thomas
State	VI
Zip	00802
Phone	(340) 776-3580
Fax	(340) 774-8633

Email Commissioner Carty@usvi-doh.org

Web _____

Email patricia.penn@usvi-doh.org

Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: VI

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	96	96	97	98	99
Annual Indicator	94.8	98.5	98.3	98.7	96.9
Numerator	1,595	1,753	1,669	1,589	1,619
Denominator	1,682	1,780	1,698	1,610	1,670
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective					30
Annual Indicator			25.1	28.1	24.9
Numerator			280	300	320
Denominator			1,117	1,067	1,284
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	35	40	40
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	_____	20
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	25	25	30	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	30	30	30	30	30
Annual Indicator	NaN	NaN			
Numerator	0	0			
Denominator	0	0			
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	30	30	30	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	91	92	90
Annual Indicator	92.0	85.0	96.0	82.0	
Numerator	3,717	3,132	3,315	7,330	
Denominator	4,041	3,685	3,454	8,940	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50	50	49	30	20
Annual Indicator	31.1	31.8	25.2	24.4	23.4
Numerator	93	97	77	74	71
Denominator	2,991	3,051	3,051	3,039	3,039
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	50	55	56	30	30
Annual Indicator	0.0	0.0	30.4	0.0	0.0
Numerator	0	0	2,475	0	0
Denominator	6,034	8,148	8,148	8,148	9,144
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	35	35	35
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	3.6	3.4	3.4	3.3	3
Annual Indicator	4.3	10.6	0.0	3.6	0.0
Numerator	1	3	0	1	0
Denominator	23,241	28,405	28,405	27,564	27,564
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	75	81	82	55	85
Annual Indicator	59.4	54.1	53.5	86.0	51.9
Numerator	999	958	908	1,384	868
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	96	96	97	90	95
Annual Indicator	56.3	35.9	47.0	94.5	86.8
Numerator	947	637	798	1,521	1,449
Denominator	1,682	1,772	1,698	1,610	1,670
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	20	18	16	15	15
Annual Indicator	25.2	25.5	13.4	9.0	0.0
Numerator	10,079	10,079	5,277	3,565	0
Denominator	40,031	39,502	39,502	39,502	36,058
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	96	97	98	98	50
Annual Indicator	98.3	87.3	62.9	54.9	0.0
Numerator	9,894	8,787	8,933	7,807	0
Denominator	10,061	10,071	14,210	14,210	14,210
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	50	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1.5	1	1	2	2
Annual Indicator	2.1	1.8	2.0	2.2	1.9
Numerator	36	32	34	36	32
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	10	8	8	8	5
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	9,719	8,688	8,688	8,494
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	5	5	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	25	30	35	0	0
Annual Indicator	NaN	NaN			NaN
Numerator	0	0			0
Denominator	0	0			0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	90	65	65
Annual Indicator	64.1	66.3	64.5	63.2	63.3
Numerator	1,078	1,175	1,095	1,018	1,059
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	65	65	65	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of pregnant women who receive no prenatal care

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3.5	3.3	3.3	3	2.5
Annual Indicator	4.5	2.8	4.5	4.5	0.0
Numerator	76	49	77	72	0
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.5	2.5	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The rate (per 1,000) of reported cases of HIV-positive mothers who received antiviral treatment to reduce perinatal transmission of HIV.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	150	150	10	10	5
Annual Indicator	0.6	0.0	2.9	0.0	30.5
Numerator	1	0	5	0	51
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of prenatal patients certified with the medical assistance program (MAP)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	60	60	61	30	25
Annual Indicator	0.0	25.5	23.9	13.0	13.0
Numerator	0	452	406	209	217
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	25	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Rate of asthma hospitalizations

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	160	150	150	20	10
Annual Indicator			15.8	0.0	17.6
Numerator			45	0	49
Denominator			28,405	28,405	27,781
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Incidence of STD (not including HIV) during Pregnancy.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.0	1.7	0.0	0.0	0.0
Numerator	0	30	0	0	0
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

The percent of teen mothers who received parenting skills training.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	75	75	76	77	77
Annual Indicator	0.0	0.0	0.0	93.3	53.0
Numerator	0	0	0	250	123
Denominator	276	272	255	268	232
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent of infants diagnosed with hearing loss who are receiving appropriate early intervention services by age six months.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				95	95
Annual Indicator			0.4	15.0	26.7
Numerator			6	3	4
Denominator			1,698	20	15
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

Data needed to complete this measure is not collected by the DOH Health Pro system.

VI did not participate in the National CSHCN survey.

Denominator estimated from number CSHCN served. Numerator estimated from number requiring on-going care coordination and comprehensive follow-up.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2002
Field Note:
This data is not available.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
The Virgin Islands did not participate in the National SLAITS telephone survey. The State Title V needs assessment is anticipated to provide information needed to address this performance measure.
3. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
VI did not participate in CSHCN survey.
4. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
The MCH program is in the process of developing and implementing a medical home model in collaboration with the 330 funded Community Centers and private primary care pediatricians. Information obtained from the State Title V needs assessment is anticipated to address this performance measure.
5. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
6. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
8. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2002
Field Note:
In the Year 2000 needs assessment, 2.7% of CSHCN clients stated they obtained family support services and were satisfied with them.
9. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2003
Field Note:
Information obtained from the five year needs assessment is anticipated to address this measure.
10. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
11. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2003

- Field Note:**
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
12. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
13. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2002
Field Note:
Numerator represents estimates of data obtained from Day Care and Head Start Immunization Assessment Report by Immunization Program and clinic immunization reports for the specified age group.
Denominator for 2001 and 2002 represents population data from U.S. Census 2000.
14. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2003
Field Note:
The numerator represents Year 2000 Census data for this population in the territory.
The denominator is the number of children with immunizations completed by 35 months.
All data obtained from the Immunization Program Registry.
15. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2004
Field Note:
Data for this measure is unavailable from the Immunization Registry.
16. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2002
Field Note:
Denominators for years 2001 and 2002 reflect U. S. Census 2000 data.
17. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2002
Field Note:
The Division of Dental Health data reflects the total number of children that received any dental services. Data specific to protective sealants in this age group is not obtained.
Denominator reflects U.S. Census 2000 data for this age group.
18. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2003
Field Note:
Denominator reflects 2000 Census data.
The DOH Division of Dental Health reported no sealants offered during this fiscal year due to insufficient funding.
19. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2004
Field Note:
Denominator obtained from 2003 VI Community Survey by University of the Virgin Islands Eastern Caribbean Survey.
Total # of 5-9 year olds.
20. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2002
Field Note:
Data for Year 2000 not available. The Vital Statistics Registry does not have a cause of death coder on staff.
Year 2001 data reflects the total number of deaths in this age group.
There were no reported deaths due to motor vehicle crashes in this age group for year 2002.
Denominator for years 2001 and 2002 obtained from U.S. Census 2000 data.
21. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2003
Field Note:
There are twelve recorded deaths in the age group 14 and younger. Motor vehicle crashes is not listed as cause of death.
22. **Section Number:** Performance Measure #11
Field Name: PM11

- Row Name:**
Column Name:
Year: 2002
Field Note:
Data obtained from WIC Program surveys of breast feeding and non-breast feeding post partum clients at hospital discharge.
23. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2004
Field Note:
Numerator reflects data from period October 2003 - June 2004 provided by WIC Program.
24. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2002
Field Note:
Year 2001 data reflects screening at the Juan F. Luis Hospital on St. Croix only.
For year 2002, 1 screening technician was available at the Roy L. Schneider Hospital on St. Thomas.
See further discussion under this performance measure.
25. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2002
Field Note:
Best data available from Medicaid Program:
Estimates of children 0-17 years below poverty = 14,210
Potentially eligible medicaid children 1-21 years = 8,933
Numerator = children without health insurance - potentially medicaid eligible children
Denominator = total number of children 0-21 years obtained from U.S. Census 2000 data
26. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2003
Field Note:
The numerator represents only children registered and receiving services at the MCH clinics.
Data from the Medical Assistance Program is unavailable.
27. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2004
Field Note:
Data for this measure not available from Medical Assistance Office.
28. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2002
Field Note:
Data not available. The Vital Statistics Registry lacks a cause of death coder.
29. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2003
Field Note:
There is 1 recorded death in the age group 15-19. The cause of death is not available from the Vital Statistics Registry.
30. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2002
Field Note:
This measure is not applicable to the Virgin Islands, facilities for high risk deliveries and neonates are not available. Maternal high risk patients are transported to Puerto Rico for delivery.
There are Level II NICU's both staffed by a Neonatologist. High risk neonates delivered locally are transferred to Level III NICU's in Puerto Rico or Miami.
31. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2003
Field Note:
There are no Level III facilities in the Virgin Islands. All high-risk prenatal patients are transferred off-island for care.
32. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2003
Field Note:
Incomplete data received on this measure at time of report. Complete data not expected by due date of this report.
33. **Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2002

Field Note:

Data available from STD/HIV/AIDS Program reflects 5 HIV+ prenatal patients were referred for treatment.

34. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2002

Field Note:

This measure relates to percent of live births to prenatal patients receiving Medical Assistance.

This estimate is based on data received from the DOH Community Health & MCH Prenatal Clinics.

This information is not available from the Medicaid data system.

35. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2003

Field Note:

This data is not reported by the Medical Assistance Program.

The data reported only reflects prenatal clients receiving services at the MCH Prenatal Clinic on St. Croix. St. Thomas data is unavailable.

36. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2004

Field Note:

Numerator reflects clients served at MCH and Community Health Prenatal services only.

Data from Medical Assistance Office not available.

37. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2004

Field Note:

Numerator reflects hospitalizations in ages 0-5 years only.

38. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2002

Field Note:

Teenage prenatal patients are referred to parenting classes offered by Department of Human Services.

39. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2003

Field Note:

Denominator reflects average of three years. Numerator reflects actual number of teens receiving parenting skills and counseling from several community based agencies throughout the territory.

See narrative discussion under SPM #7.

40. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2004

Field Note:

Denominator represents # of infants who did not pass initial newborn hearing screening and were referred for audiological diagnostic evaluation.

Numerator represents # receiving audiological evaluation and referred to Early Intervention Services for amplification and / or follow-up.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: VI

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	7	6.9	6.8	6.7	6.7
Annual Indicator	8.3	3.4	2.9	5.0	4.8
Numerator	14	6	5	8	8
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6.5	6.5	6	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.9	In,fin,ity	0.2	1.8	1.8
Numerator	8.501	3.8	1.5	5.8	5.7
Denominator	9.7	0	6.5	3.2	3.2
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.5	4.4	4.3	4.2	4.2
Annual Indicator	5.9	3.4	2.9	4.3	3.0
Numerator	10	6	5	7	5
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2	2	2	1.8	1.6
Annual Indicator	2.4	0.0	0.0	0.6	1.2
Numerator	4	0	0	1	2
Denominator	1,682	1,772	1,698	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.6	1.5	1.5	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	9.5	9.5	9	8.9	8.8
Annual Indicator		9.5	8.7	8.6	6.5
Numerator		17	15	14	11
Denominator		1,797	1,722	1,625	1,691
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	8.8	8.8	8.8	8.5	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	28	25	25	25	25
Annual Indicator	14.0	35.2	7.5	47.2	21.8
Numerator	4	10	2	13	6
Denominator	28,506	28,416	26,733	27,564	27,564
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

Data required for this form is not available fromthe Office of Vital Records and Statistics.

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
- Field Name:** OM01
- Row Name:**
- Column Name:**
- Year:** 2004
- Field Note:**
Information for this measure is not available from the Office of Vital Records and Statistics.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: VI

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 11

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: VI FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase enrollment in family support services.
2. To facilitate and encourage family participation in transition planning.
3. To increase linkage of children with special health care needs and community-based support services.
4. To promote community partnerships.
5. To promote and advocate for the medical home concept as a standard of care to private and non-private health care providers.
6. To provide continuous and on-going screening for CSHCN by expanding EPSDT screening standards.
7. Review Medicaid reimbursements for key elements of the medical home including screening and care coordination.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: VI

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Youth Health Plan Development	Adolescent health promotion and wellness need to be addressed. Training requested to improve services to this population.	Dr. Richard Kriepe and staff of LEAH program at the University of Rochester.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Training in children's mental health issues and disorders.	Children and adolescents with serious emotional and conduct disorders continue to increase significantly. Training is requested for staff and partners to develop and implement a comprehensive children's mental health plan.	As determined by MCHB.
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Training on standards for cultural competence.	The programs serves a diverse, multi-lingual and multi-cultural population. Staff training and development in providing services to diverse populations is requested.	Nat'l Center on Cultural Competence at Georgetown University or as determined by MCHB.
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 1 </u>	Training requested on newborn genetic/metabolic screening and follow-up for children identified with disorder. Provide training on current and emerging issues in genetics.	Training requested for professional staff and partners providing services to children identified with genetic disorders. Develop and implement territorial genetic plan.	Southeast Regional Genetics Group (Region 3) or as determined by MCHB.
5.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Assessment of existing data system. Develop capacity for standard and uniform program data collection and analysis. Increase capability for data linkages.	Enhance data systems to provide adequate and accurate information to meet program reporting needs. Current methods are inadequate.	HRSA/MCHB Office of Information Technology or as determined by MCHB.
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VI

SP # 1

PERFORMANCE MEASURE:

Percent of pregnant women who receive no prenatal care

STATUS:

Active

GOAL

To reduce the percent of pregnant women who received no prenatal care.

DEFINITION

Prenatal care is the provision of comprehensive reproductive personal health services to a pregnant woman.

Numerator:

The number of births to women who received no prenatal care.

Denominator:

The total number of livebirths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.6 The proportion of pregnant women who receive early and adequate prenatal care.
16.6a Care beginning in the first trimester of pregnancy.

16.6b Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Livebirth records. Any product of gestation, regardless of length of gestation period is considered a livebirth if the fetus shows signs of life.

SIGNIFICANCE

Undesirable outcomes of pregnancy result from the lack of prenatal care.

SP # 2

PERFORMANCE MEASURE:

The rate (per 1,000) of reported cases of HIV-positive mothers who received antiviral treatment to reduce perinatal transmission of HIV.

STATUS:

Active

GOAL

To reduce the prevalence of HIV-positive mothers giving birth.

DEFINITION

HIV-positive mothers are those women giving birth who were diagnosed, through appropriate testing, to have been infected with the human immunodeficiency virus (HIV)

Numerator:

The number of births in which the mother was HIV positive

Denominator:

Total number of live births per 1,000.

Units: 1000 **Text:** 2

HEALTHY PEOPLE 2010 OBJECTIVE

13.17 (Developmental) Reduce new case of perinatally acquired HIV infection.
Perinatal transmission accounts for virtually all new cases of HIV infection in children.

DATA SOURCES AND DATA ISSUES

HIV/AIDS Surveillance System. Live births records and HIV records.

SIGNIFICANCE

HIV counseling and education efforts should focus on women of childbearing age.

SP # 3

PERFORMANCE MEASURE:

Percent of prenatal patients certified with the medical assistance program (MAP)

STATUS:

Active

GOAL

To increase the number of eligible prenatal patients certified by MAP.

DEFINITION

Prenatal patients are pregnant mothers who receive comprehensive reproductive personal health care.

Numerator:

Unduplicated count of eligible prenatal patients certified by MAP.

Denominator:

Total unduplicated count of eligible prenatal patients certified by MAP.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to 1.1 Increase the proportion of persons with health insurance to 100 percent.

DATA SOURCES AND DATA ISSUES

Prenatal records of MCH, Community Health Centers, and Family Health Centers. Some patients may receive services from more than one clinic.

SIGNIFICANCE

MAP certified clients may seek prenatal care earlier in their pregnancy. MAP certified clients may more consistently utilize services.

SP # 4

PERFORMANCE MEASURE:

Rate of asthma hospitalizations

STATUS:

Active

GOAL

To reduce asthma hospitalizations

DEFINITION

Asthma hospitalizations are those children (persons 0 to 16 years of age) admitted to hospitals for asthma.

Numerator:

Number of children 0 to 16 years of age hospitalized due to asthma (unduplicated count).

Denominator:

Population 0 to 16 years of age.

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

24.2 Reduce hospitalization for asthma.

24.3 Reduce hospital emergency department visits for asthma.

DATA SOURCES AND DATA ISSUES

Emergency department discharges, hospital admissions and population estimated.

SIGNIFICANCE

This measure indicated exposure to poor air quality, particularly in the home. Effective methods must be derived to preventing asthma and the implementation of outreach programs. The frequency and severity of asthma episodes can be reduced by effective use of medications and by reducing exposure to known triggers of asthma attacks.

SP # 6

PERFORMANCE MEASURE:

Incidence of STD (not including HIV) during Pregnancy.

STATUS:

Active

GOAL

To reduce the percent of STD (not including HIV) during pregnancy.

DEFINITION

STD - sexually transmitted disease.

Numerator:

Number of livebirths in which the mother had an STD during pregnancy.

Denominator:

Total livebirths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

25-17. (Developmental) Increase the proportion of pregnant females screened for sexually transmitt

DATA SOURCES AND DATA ISSUES

Livebirth records.

SIGNIFICANCE

Early diagnosis and treatment will often prevent serious complications of pregnancy. Early and regular prenatal care is the best insurance against problems in pregnancy.

SP # 7

PERFORMANCE MEASURE:

The percent of teen mothers who received parenting skills training.

STATUS:

Active

GOAL

To increase the percent of teen mothers obtaining parenting skills training.

DEFINITION

Parenting skills training classes are programs to enhance the skills of parents in providing for development and learning of their children.

Numerator:

Number of teen mothers who received parenting skills training.

Denominator:

Total number of teen births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific objective.

DATA SOURCES AND DATA ISSUES

MCH, Community Health Centers, and Family Health Centers prenatal clinic records. /2005/Parent Empowerment classes are provided to captive and voluntary audiences by the Women's Coalition of St. Croix; Lutheran Social Services-Queen Louise Home for Children, St. Croix; The Village-V. I. Partners In Parenting-Parents As Teachers Program, Territorial; Family Resource Center, St. Thomas/St. John; University Cooperative Extension Service in conjunction with the V. I. Housing Authority, and the V.I. Perinatal Partnership-A program of the Department of Health-MCH.

SIGNIFICANCE

Successful parenting skills training may reduce child abuse and neglect.

SP # 8

PERFORMANCE MEASURE:

Percent of infants diagnosed with hearing loss who are receiving appropriate early intervention services by age six months.

STATUS:

Active

GOAL

To reduce morbidity associated with significant hearing loss through early detection, identification and intervention. To facilitate developmentally appropriate language skills. To provide newborn hearing screening services to all infants in the territory and to develop a system that will ensure early diagnosis of infant hearing loss.

DEFINITION

Significant permanent hearing loss or impairment is one of the most common birth abnormalities. When undetected this leads to speech, language, cognitive and developmental delays. Early intervention and access to habilitation results in improved outcomes.

Numerator:

The number of infants whose hearing has been screened before hospital discharge by otoacoustic emissions and / or auditory brainstem responses that are referred for audiological diagnostic evaluation.

Denominator:

Number of births in the calendar year.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 28-11: Newborn hearing screening, evaluation and intervention.

The standard estimate of congenital hearing loss is 1 in 1,000 live births. Early appropriate intervention for hearing loss is a critical factor in providing habilitation during the first three years of life when the development of language is most intense.

DATA SOURCES AND DATA ISSUES

Integrated newborn metabolic / genetic / hearing screening database. Records of newborn hearing screening and referrals. Audiological assessment and diagnostic evaluation reports.

SIGNIFICANCE

The advantages of early detection of confirmed permanent hearing loss or impairments are indisputable. Children who are enrolled in early intervention services develop significantly better in language ability and social development. A family-centered approach provides support to families in developing the communication skills of their infant with a hearing loss.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: VI

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	187.1	0.0	52.6	0.0	59.8
Numerator	160	0	45	0	49
Denominator	8,553	8,553	8,553	8,553	8,188
Is the Data Provisional or Final?				Provisional	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	24.5	27.4	0.6	0.0
Numerator	0	434	466	10	0
Denominator	0	1,772	1,698	1,610	1,670
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,682	1,772	1,698	1,610	1,670
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	35.8	47.4	45.1	48.0	0.0
Numerator	601	840	763	772	0
Denominator	1,680	1,772	1,691	1,610	1,672
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

		<u>Annual Indicator Data</u>				
	2000	2001	2002	2003	2004	
Annual Indicator	NaN	NaN	NaN	8.7	NaN	
Numerator	0	0	0	144	0	
Denominator	0	0	0	1,657	0	
Is the Data Provisional or Final?				Provisional	Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		<u>Annual Indicator Data</u>				
	2000	2001	2002	2003	2004	
Annual Indicator	NaN	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	0	
Denominator	0	0	0	0	0	
Is the Data Provisional or Final?				Final	Final	

FORM NOTES FOR FORM 17

Denominator obtained from 2003 Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from data provided by hospitals (Roy L. Schneider-St. Thomas and Juan F. Luis-St. Croix) for inpatient and Emergency Department admissions for FY 2004.

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2002
Field Note:
Data reported from Roy L. Schneider Hospital on St. Thomas. Emergency Department not available.
2. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
According to data received from the Roy L. Schneider Hospital MIS Department, there were no admissions for ages 0-5 during fiscal year 2003. For ages 5-16 years the average length of stay was 1 day.
3. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
Denominator obtained from 2003 Community Survey, Eastern Caribbean Center, University of the Virgin Islands.
Numerator obtained from data provided by hospitals (Roy L. Schneider-St. Thomas and Juan F. Luis-St. Croix) for inpatient and Emergency Department admissions for FY 2004.
4. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
Data for this measure not collected by the Medical Assistance Program.
5. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2003
Field Note:
Data reported by Medical Assistance Program - EPSDT Participation.
6. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
The Virgin Islands does not have a regular Child Health Insurance Program. A waiver by CMS allows only for payment of unpaid medical bills for Medicaid patients less than 19 years old.
7. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
The Medical Assistance Program received a waiver from CMS to use SCHIP funds to supplement acute care for children eligible for MAP.
This is due to the Medicaid cap in the territory which limits available Medicaid or SCHIP funds for eligible families.
8. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2003
Field Note:
Data for this indicator is not available from the Vital Statistics Registry for this reporting period.
9. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2004
Field Note:
Data on this indicator not available from Office for Vital Records and Statistics.
10. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2002
Field Note:
This data is not available from the Medical Assistance Program. The MAP data system does not have the capability to generate this type of report.
11. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:

Column Name:

Year: 2003

Field Note:

This information is not available from the Medical Assistance Program or the Division of Dental Health Services.

12. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

SSI benefits are not available in the USVI.

13. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

The Virgin Islands does not receive SSI funds. Rehabilitative services are provided by Title V on an individual basis and the Division of Vocational Rehabilitation, Department of Human Services after eligibility is determined.

14. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

The U.S. Virgin Islands are not eligible for SSI benefits.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: VI

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Matching data files	<u>8.6</u>	<u>2.9</u>	<u>11.5</u>
b) Infant deaths per 1,000 live births	2004	Matching data files	<u>2.6</u>	<u>2.1</u>	<u>4.7</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Matching data files	<u>34.8</u>	<u>24.5</u>	<u>63.3</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Matching data files	<u>0</u>	<u>0</u>	<u>0</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>14</u>) (Age range <u>15</u> to <u>21</u>)	2004	<u>200</u> <u>200</u> <u>200</u>
c) Pregnant Women	2004	<u>200</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>14</u>) (Age range <u>15</u> to <u>21</u>)	2004	<u>200</u> <u>200</u> <u>200</u>
c) Pregnant Women	2004	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

- 1. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2006
Field Note:
Information not provided for Kotelchuck index.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VI

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: VI

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	9.0	9.5	12.1	10.7	11.5
Numerator	151	169	205	161	179
Denominator	1,682	1,772	1,698	1,505	1,553
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	8.3	8.7	10.5	10.2	10.9
Numerator	137	151	173	151	165
Denominator	1,651	1,728	1,653	1,481	1,515
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.1	1.8	2.0	2.3	2.1
Numerator	36	32	34	35	32
Denominator	1,682	1,772	1,698	1,505	1,553
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.9	1.6	1.7	2.3	1.9
Numerator	31	28	28	34	29
Denominator	1,651	1,728	1,653	1,481	1,515
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator		3.5	0.0	3.6	0.0
Numerator		1	0	1	0
Denominator	29,683	28,405	28,405	27,564	27,564
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			0.0	3.6	0.0
Numerator			0	1	0
Denominator	29,683		28,405	27,564	27,564
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			6.8	7.1	0.0
Numerator			1	1	0
Denominator	17,387		14,604	14,086	14,086
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator					0.0
Numerator					0
Denominator	29,683				27,564
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator					0.0
Numerator					0
Denominator	17,387				27,564
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator					0.0
Numerator					0
Denominator	17,387				14,086
Is the Data Provisional or Final?					Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	54.0	89.9	76.0	34.2	34.2
Numerator	245	408	278	125	125
Denominator	4,540	4,540	3,657	3,657	3,657
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	27.3	9.7	13.5	3.6	3.5
Numerator	314	111	155	83	81
Denominator	11,494	11,494	11,494	23,000	23,000
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 20

Denominator obtained from 2003 VI Community Survey by University of the Virgin Islands Eastern Caribbean Center.

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2003

Field Note:

Data provided by VI Family Planning Program for Calendar Year 2003.

Data for 2004 is not completed.

2. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2003

Field Note:

Denominator obtained from 2003 USVI Community Survey conducted by University of the Virgin Islands, Eastern Caribbean Center.

Numerator obtained from VI Family Planning Program Calendar Year 2003 report. 2004 data not completed.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,672	313	1,233	0	82	0	0	44
Children 1 through 4	8,188	383	6,403	0	0	0	0	1,402
Children 5 through 9	9,144	533	7,334	0	0	0	0	1,277
Children 10 through 14	10,233	565	8,486	0	0	0	0	1,182
Children 15 through 19	8,494	547	6,785	0	0	0	0	1,162
Children 20 through 24	5,592	387	4,394	0	0	0	0	811
Children 0 through 24	43,323	2,728	34,635	0	82	0	0	5,878

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,293	309	66
Children 1 through 4	6,363	1,825	
Children 5 through 9	7,837	1,307	
Children 10 through 14	8,412	1,821	
Children 15 through 19	6,983	1,581	
Children 20 through 24	4,622	970	
Children 0 through 24	35,510	7,813	66

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	6	1	5	0	0	0	0	0
Women 15 through 17	71	19	49	0	1	0	0	2
Women 18 through 19	155	22	121	0	5	0	0	7
Women 20 through 34	1,192	230	866	0	63	0	0	33
Women 35 or older	248	41	192	0	13	0	0	2
Women of all ages	1,672	313	1,233	0	82	0	0	44

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	5	0	1
Women 15 through 17	47	22	2
Women 18 through 19	117	29	9
Women 20 through 34	923	223	46
Women 35 or older	202	37	9
Women of all ages	1,294	311	67

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	8	1	7	0	0	0	0	0
Children 1 through 4	3	0	2	0	1	0	0	0
Children 5 through 9	2	0	2	0	0	0	0	0
Children 10 through 14	1	1	0	0	0	0	0	0
Children 15 through 19	9	1	8	0	0	0	0	0
Children 20 through 24	8	2	6	0	0	0	0	0
Children 0 through 24	31	5	25	0	1	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	8	0	0
Children 1 through 4	3	0	0
Children 5 through 9	2	0	0
Children 10 through 14	1	0	0
Children 15 through 19	9	0	0
Children 20 through 24	8	0	0
Children 0 through 24	31	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	36,059	2,028.0	29,008.0	0	0	0	0	5,023.0	2004
Percent in household headed by single parent	30.0								2004
Percent in TANF (Grant) families	97.0							97.0	2004
Number enrolled in Medicaid	0							0	2004
Number enrolled in SCHIP	0							0	2004
Number living in foster home care	170							170.0	2004
Number enrolled in food stamp program	4,532							4,532.0	2004
Number enrolled in WIC	1,149							1,149.0	2004
Rate (per 100,000) of juvenile crime arrests	199.0	5.0	191.0						2004
Percentage of high school drop-outs (grade 9 through 12)								0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19			36,059.0	2004
Percent in household headed by single parent			30.0	2004
Percent in TANF (Grant) families				2004
Number enrolled in Medicaid			0	2004
Number enrolled in SCHIP			0	2004
Number living in foster home care			170.0	2004
Number enrolled in food stamp program			4,532.0	2004
Number enrolled in WIC			1,149.0	2004
Rate (per 100,000) of juvenile crime arrests	196.0	3.0		2004
Percentage of high school drop-outs (grade 9 through 12)				2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	110,740.0
Percent Below: 50% of poverty	19.6
100% of poverty	31.2
200% of poverty	49.6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	27,564.0
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

Data for this HSI is not collected by ethnicity or age.

FIELD LEVEL NOTES

None

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VI

SP # 1

PERFORMANCE MEASURE:

The percent of CSHCN clients who access family support services.

GOAL

To increase by 50% the number of families with CSHCN who are referred to family support services.

DEFINITION

Family support services identify and assess families' needs and determine appropriate individual family service plans.

Numerator:

Number of CSHCN clients ages 0-18 years whose families access family support services.

Denominator:

Total number of CSHCN clients served.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7.7 Patient and family education .

Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of live.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro database system. MCH & CSHCN clinic records. Community Health Centers.

SIGNIFICANCE

Family service agencies and interagency coordinating councils have identified major challenges confronting families with CSHCN in accessing coordinated health and related services. Addressing these issues will lead to more efficient use of public funds and reduce family stress.

OBJECTIVE

2006	2007	2008	2009	2010
40	40	50	50	50

SP # 2

PERFORMANCE MEASURE:

Increase the percent of CSHCN families' participation in transition planning.

GOAL

Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated.

DEFINITION

All youth with special health care needs will receive the services to make necessary transitions to all aspects of adult life, including health care, work and independence.

Numerator:

The number of CSHCN who participate in transition planning.

Denominator:

The total number of CSHCN age 12-18 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.23 Service systems for children with special health care needs.

To assure the participation of CSHCN age 12-18 years and their families in agency based transition planning activities that promote independence and healthy lifestyle choices.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro data system. MCH & CSHCN clinic records. Community Health Centers. Departments of Labor and Human Services.

SIGNIFICANCE

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise". Supporting skill-building activities for youth with special health care needs provides them with opportunities to learn to act as decision-makers in their own health care.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

The percent of CSHCN who receive coordinated, comprehensive care in a medical home.

GOAL

Expand efforts to link all children, youth and adolescents with special health care needs to a medical home.

DEFINITION

The American Academy of Pediatrics (AAP) states the medical care of children, youth and adolescents should be accessible, comprehensive and coordinated. Further, medical care should be continuous, family-centered, compassionate and culturally effective.

Numerator:

Number of CSHCN 0-18 years with a regular source of medical care.

Denominator:

Total number of CSHCN 0-18 years.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

16.22 Medical homes for children with special health care needs.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro data system. MCH & CSHCN Clinics. Community Health Clinics.

SIGNIFICANCE

The need for an ongoing source of health care for all children has been identified as a priority for child health policy reform at the national and local level.

OBJECTIVE

2006	2007	2008	2009	2010
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